

Name
in
Full

Mary Ann Duvst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grantsville		County Garrett		MARYLAND	
Date	1910	Month Feb	Day 7	Age	72	Months 4	Days 23
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Elijah Duvst			
Father's Name	Henry Duvst				Father's Birthplace	Unknown	
Mother's Maiden Name	Garlick				Mother's Birthplace	Unknown	
Name of person giving information	Grant Pittenger				How related to deceased	Neighbor	

CAUSES OF DEATH

1977

How long

How long

PHYSICIAN
OR CORONER

Primary

Dropsy

Immediate

Are the name, age, sex, color, date and place correctly given above?

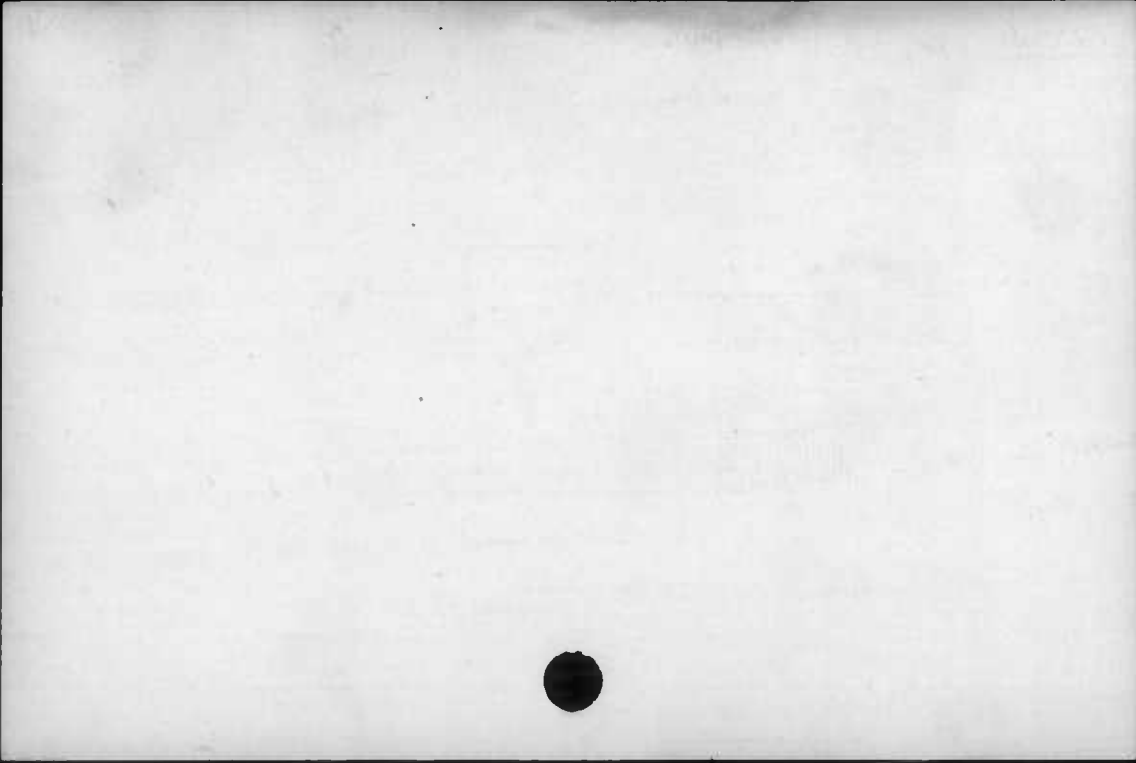
Reported by J. D. Miller

Signature of Physician

Address

G. S. Hamill
Registrar V. S. for
Garrett County.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

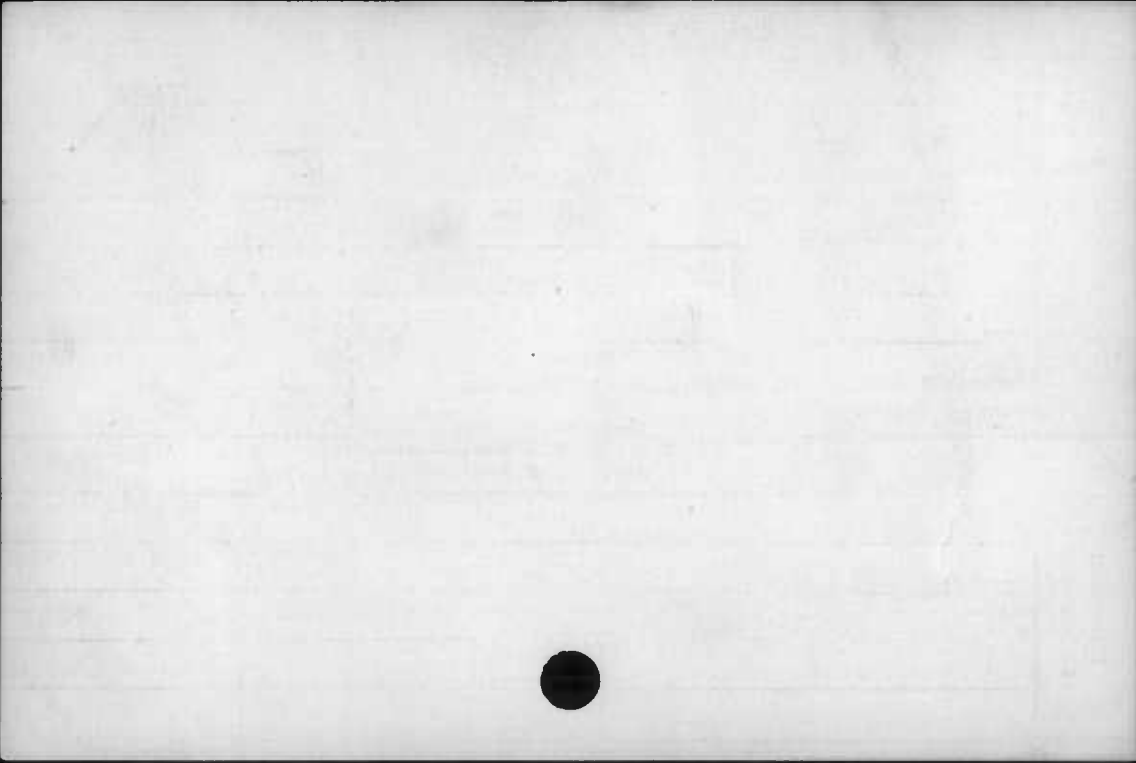
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grantville</i> ^{Town} <i>Garrett</i> ^{County}		MARYLAND	
Date of death <i>19</i> ^{Month} <i>Feb.</i> ^{Day} <i>22</i> ^{Years} <i>85</i>	Months		Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Pa.</i>	
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Beachy</i>		
Father's Name <i>Christian Gnapey</i>	Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Barbara Blocher</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Gideon J. Gnapey</i>	How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Cardiac failure</i>	How long <i>3 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Bowen M.D.</i>
<i>J. E. Miller</i>	Address <i>Grantville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Gnapy* Town *Grantsville* County *Garrett*

Died at *Grantsville* *Garrett*

Date of death *1910* Month *Feb* Day *24* Age *76* Years Months *9* Days *9*

Sex *Female* Color or Race *White* Birth-place *Pa.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jacob Gnapy*

Father's Name *John Beachy* Father's Birthplace *Ind.*

Mother's Maiden Name *Christina Trengood* Mother's Birthplace *Pa.*

Name of person giving information *S. J. Gnapy* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *4 yrs.*

Immediate *Acute Bronchitis* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

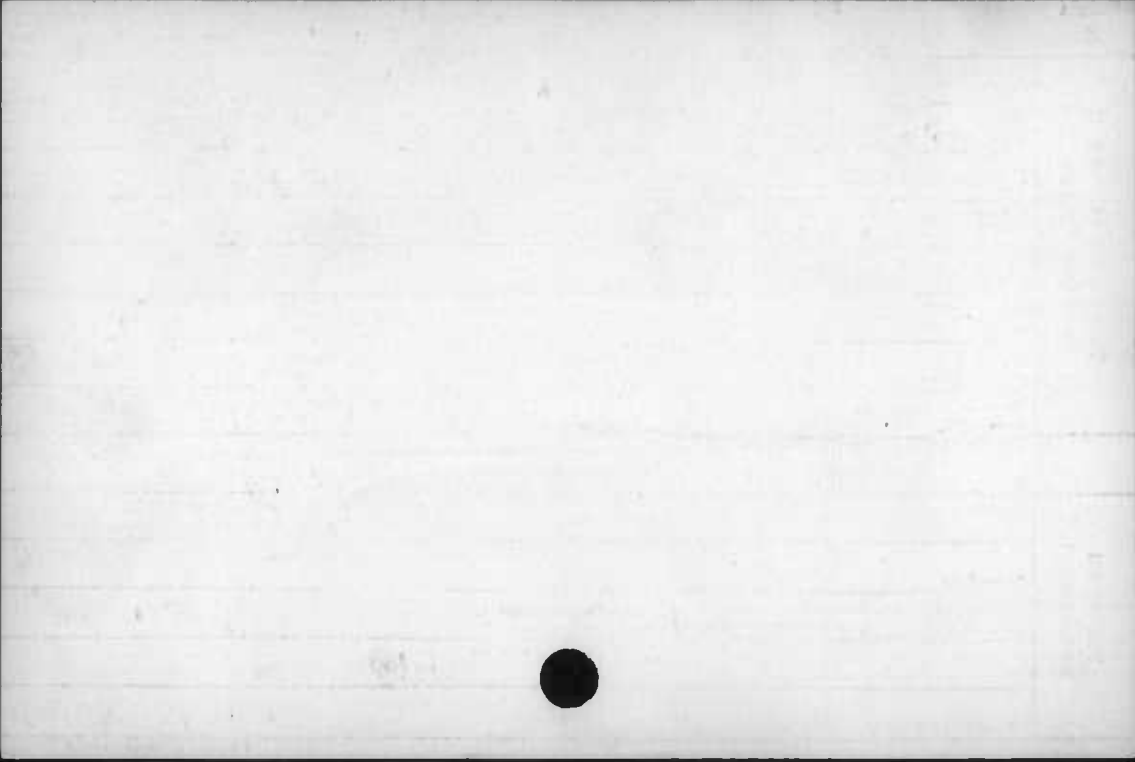
Signature of Physician *R. L. Bowden*

J. H. Miller Address *Grantsville*

Accident or Suicide? *Ind.*



Name in Full		Raymond Harris				do 1		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		P.O. Keyser Wva		Tarr County		MARYLAND			
	Date of death		1910		Month Feb		Day 15		Age 7	
	Sex		male		Color or Race		White		Birth-place	
	Occupation				Where Residing if not at place of death		Bloomington			
	Married, Single or Widowed		Single		Name of Wife or Husband					
	Father's Name		Jesse Harris		Father's Birthplace		England			
	Mother's Maiden Name		Murphy		Mother's Birthplace		West va			
Name of person giving information		Jesse Harris		How related to deceased		Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary				How long					
	Immediate				How long					
	Are the name, age, sex, color, date and place correctly given above?				yes					
	Accident or Suicide?				Accident					
				Signature of Physician						
				Address						
				Brown Kelbaugh						
				Westernport md						
				Jacob Stump, Sr & R						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoyes Run</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>19/0</i> ^{Month}	<i>Feb.</i> ^{Day}	<i>13</i> ^{Years}	Age <i>Born dead</i> ^{Months}	<i>no.</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hoyes Run</i>		
Occupation			Where Residing if not at place of death <i>Hoyes Run</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband			
Father's Name <i>Charles Haskell</i>			Father's Birthplace <i>Oakland</i>		
Mother's Maiden Name <i>Gona Sines</i>			Mother's Birthplace <i>Sines Ind.</i>		
Name of person giving information <i>B. J. Finley</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Born dead</i>	<i>G.S., Haskell</i>	How long
Immediate	<i>Born dead</i>	<i>Registrar for Garrett Co. D.D.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. John Sines wife</i>	
<i>H. H. Carter</i>		Address <i>Hoyes Run Garrett Co.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Catherine Hughes

Town *Oakland* County *Garrett*

Died at *Oakland*

MARYLAND

Date of death 1900 *Feb* *26* Age *50* Months *3* Days *9*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *House Wife* Where Residing if not at place of death *Oakland*

Married ~~Single~~ *or* ~~Widowed~~ Name of Wife or Husband *John A Hughes*

Father's Name *John Mackin* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Treacy* Mother's Birthplace *Ireland*

Name of person giving Information *John A Hughes* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Inflammatory Rheumatism* How long *4 years*

Immediate

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. McComas

Address

Accident or Suicide

Reported by E. J. West



Name
in
Full

Edna Marie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

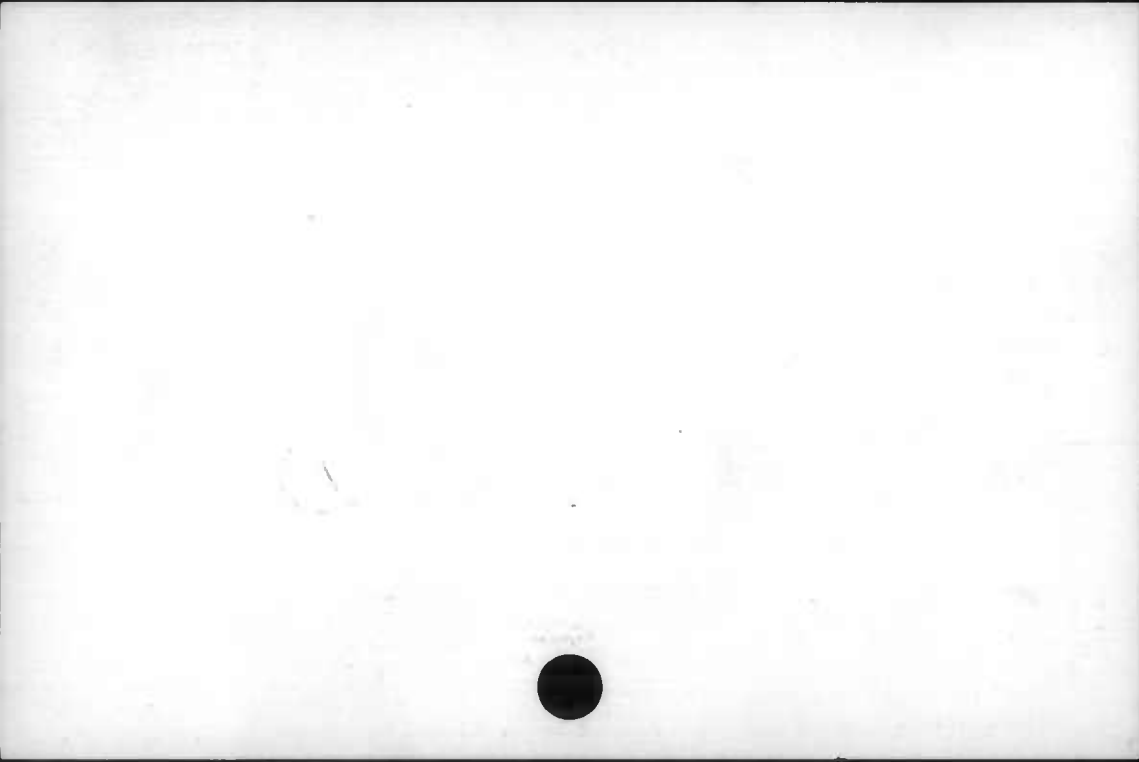
Died at Oakland Garrett MARYLAND
Date of death 1900 Feb. 7 8 8
Sex Female Color or Race White Birth-place Oakland
Occupation None Where Residing if not at place of death Oakland

Married, Single or Widowed Single Name of Wife or Husband Infant
Father's Name W. H. Johnson Father's Birthplace McHenry Md
Mother's Maiden Name Edna M. Johnson Mother's Birthplace West Va
Name of person giving Information W. H. Johnson How related to deceased Father

CAUSES OF DEATH

Primary Erysipelas How long 4 days
Immediate Oedema of Glottis How long Short time
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. A. Leggett
Address Oakland Md
Accident or Suicide Reported by Ed West

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Columbus Lafayette McRobie
Town *Garrett* County *MARYLAND*
Died at *Near Oakland*
Date of death *1900 Feb 1st* Month *2* Day *30* Age *53* Years
Sex *Male* Color or Race *White* Birth-place *Swanton Md.*
Occupation *R.R. Track Land* Where Residing if not at place of death *Oakland*
Married, Single or Widowed *Married* Name of Wife or Husband *Ellenor McRobie*
Father's Name *Abraham McRobie* Father's Birthplace *Swanton Md.*
Mother's Maiden Name *Nancy C. Friend* Mother's Birthplace *Bloomington Md.*
Name of person giving Information *Stella F. McRobie* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Struck by R.R. Engine* How long *166*
Immediate *Died Instantly* How long *175*

Are the name, age, sex, color, date and place correctly given above?

yes

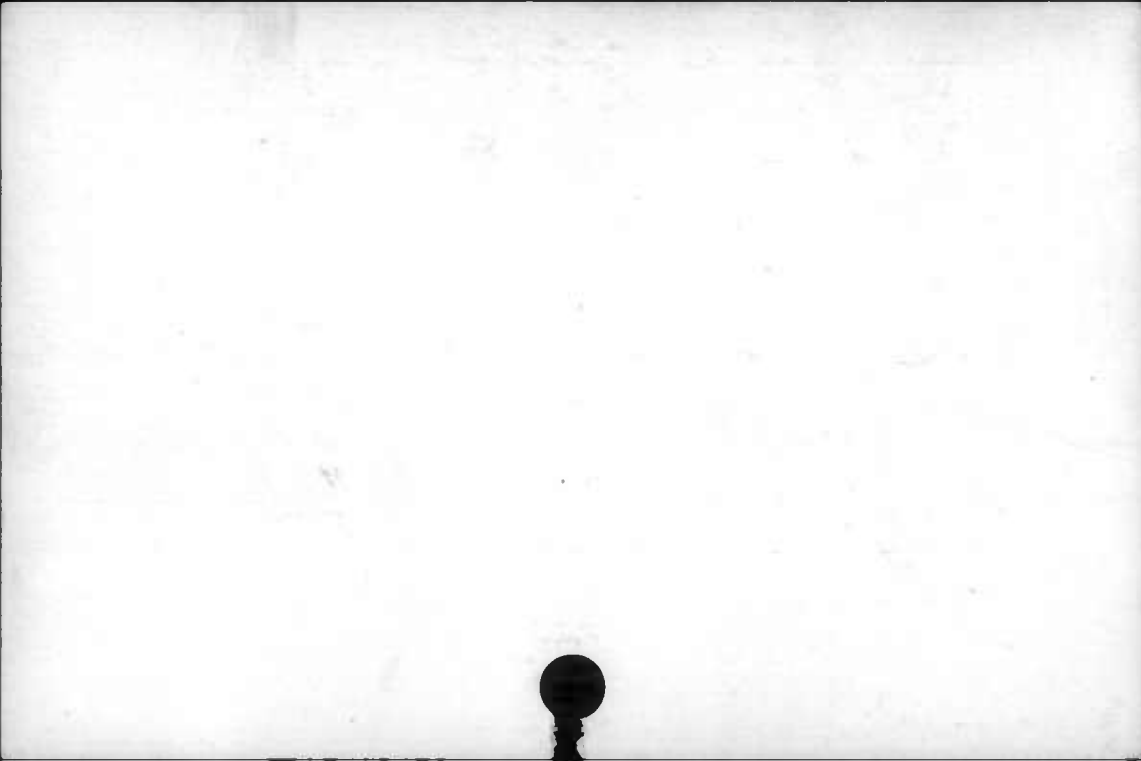
Signature of Physician

Address

E. J. West f.p.

Accident or Suicide

Acting as Coroner
*Notary Public*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Harry Leroy Metz

Town

County

MARYLAND

Died at Dodson

Date

of death 1990

Month

July

Day

5

Age

Years

2

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

Westport Md

Occupation

Child

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

James Metz

Father's
Birthplace

Boston Md

Mother's
Maiden Name

Ida May Metz

Mother's
Birthplace

Bonots & Md

Name of person giving
In formation

father

How related
to deceased

father

CAUSES OF DEATH

61

Primary

meningitis

How long

2 days

Immediate

convulsions

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H P Copeland

Address

Kitz miller Ave

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

G. V. Lee

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charles Owl Britts
Dry Run

County

Garrett

MARYLAND

Date

of death 1910

Month

Feb

Day

4

Age

Years

Months

6

Days

17

Sex

Male

Color or
Race

white

Birth-
place

Penn.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Britts

Father's
Birthplace

Garrett Co.

Mother's
Maiden Name

Don't Know

Mother's
BirthplaceName of person giving
information

John Britts

How related
to deceased

Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Teething

How long

Immediate

Bowel Complaint

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

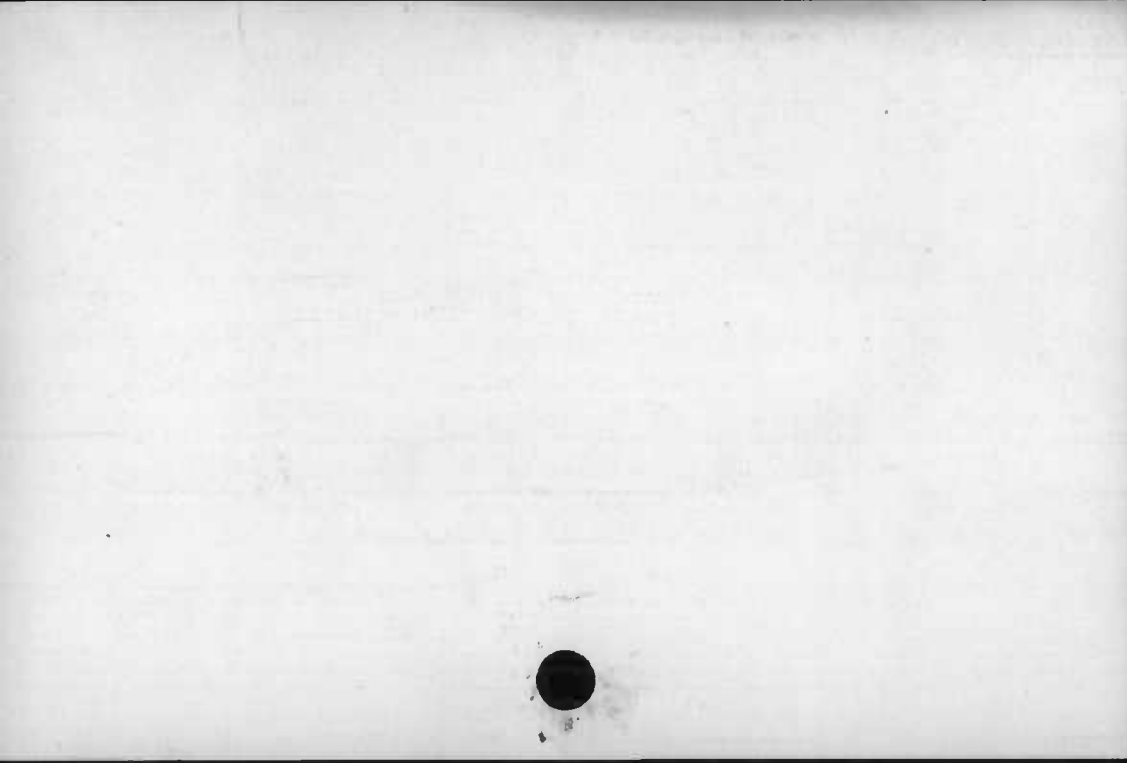
Address

Reported by

Accident or Suicide?

S. C. Burch

G. S. Hamill
Registrar of D. S. for
Garrett County.



Name in Full		Baby Reynolds				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dear Park		County		MARYLAND	
	Date of death	1910	Month	July	Day	6	Age
	Sex	Female		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	Albert Reynolds				Father's Birthplace	Quincy Co
	Mother's Maiden Name	Hardisty				Mother's Birthplace	" "
Name of person giving information	Hugh Merrill				How related to deceased	None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia					How long
	Immediate	Pneumonia					How long
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	
	Reported by					Address	
	A. Turner					J. W. Laughlin Dear Park, Md	



Name
in
Full

Mary Ann Snider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

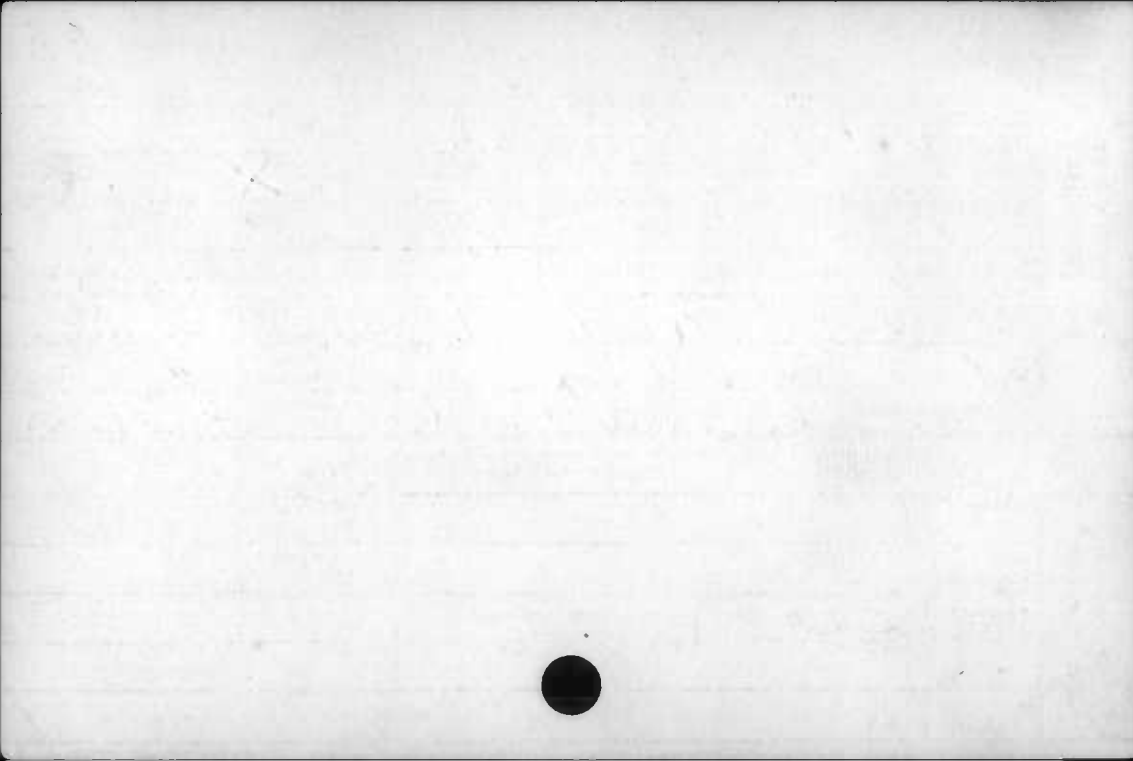
Died at		Town <u>Sunnyside</u>		County <u>Barroto</u>		MARYLAND	
Date of death	19 <u>60</u>	Month <u>Feb.</u>	Day <u>10</u>	Age <u>65</u>	Years	Months	Days <u>5</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Xenia</u>
Occupation	<u>Farmer</u>			Where Residing if not at place of death			
Married, Single or Widowed	<u>Widow</u>		Name of Wife or Husband	<u>Silas Snyder</u>			
Father's Name	<u>Lewis B. Ford</u>				Father's Birthplace	<u>Barmina</u>	
Mother's Maiden Name	<u>Atillia Groffler</u>				Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Lewis B Ford</u>				How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

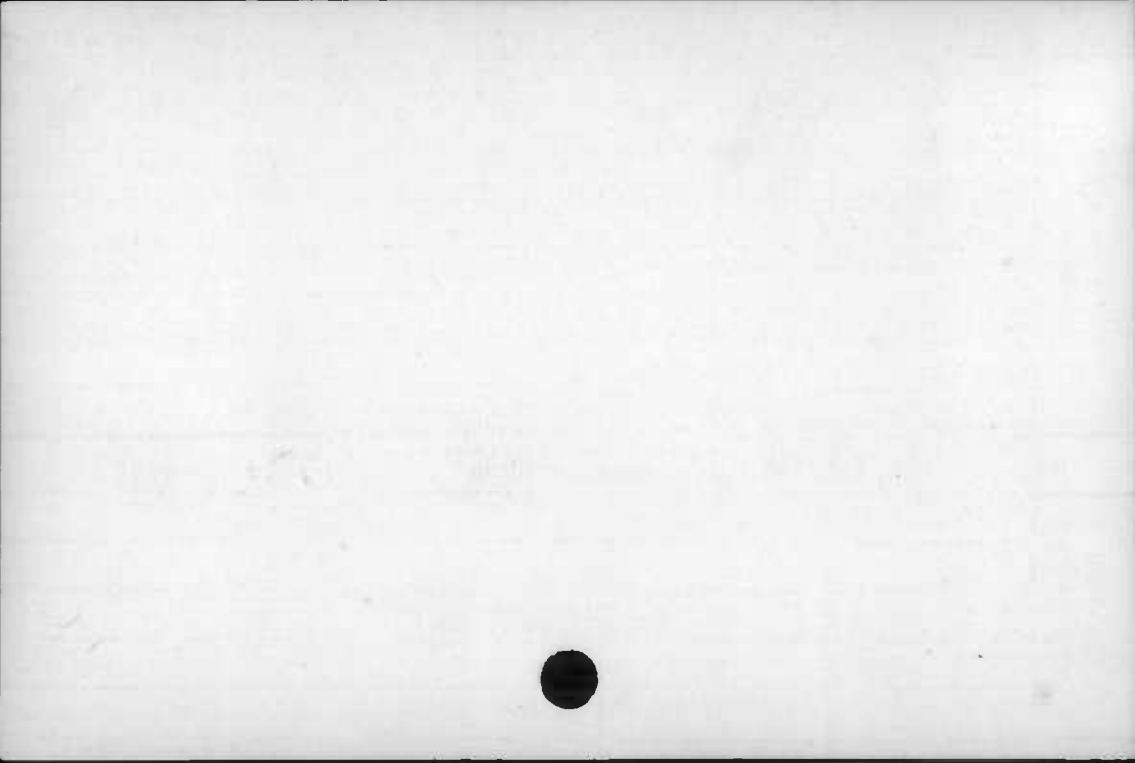
10

PHYSICIAN
OR CORONER

Primary	<u>Grippe</u>	How long	<u>2 weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Runaway by Road</u> <u>Autism</u> Accident or Suicide?		<u>J. F. Cole</u> <u>Barroto, Va.</u> Address	



Name is Full		Natali Anne Solomon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Gorman</i> Town		<i>Gauche</i> County		MARYLAND	
		Date of death <i>1910</i> Month <i>July</i>	Day <i>14</i>	Age	Years	Months <i>1</i>	Days <i>14</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lee Park Md</i>			
		Occupation <i>L</i>	Where Residing if not at place of death <i>Lee Park, Md</i>				
		Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>~~~~~</i>				
		Father's Name <i>John Solomon</i>	Father's Birthplace <i>Pa</i>				
TO BE ANSWERED BY PHYSICIAN OR CORONER		Mother's Maiden Name <i>Etha Lloyd</i>		Mother's Birthplace <i>W. Va</i>			
		Name of person giving information <i>John Solomon</i>		How related to deceased <i>Father</i>			
		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">61</div>			
PHYSICIAN OR CORONER		Primary		How long			
		Immediate <i>Convulsions</i>		How long <i>2 weeks</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None</i>			
				Address <i>C. A. Tower</i>			
		Accident or Suicide?		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">●</div> <i>Sub. Registrar</i>			



Name
in
Full

Ruth Anna Sullivan

No 2

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

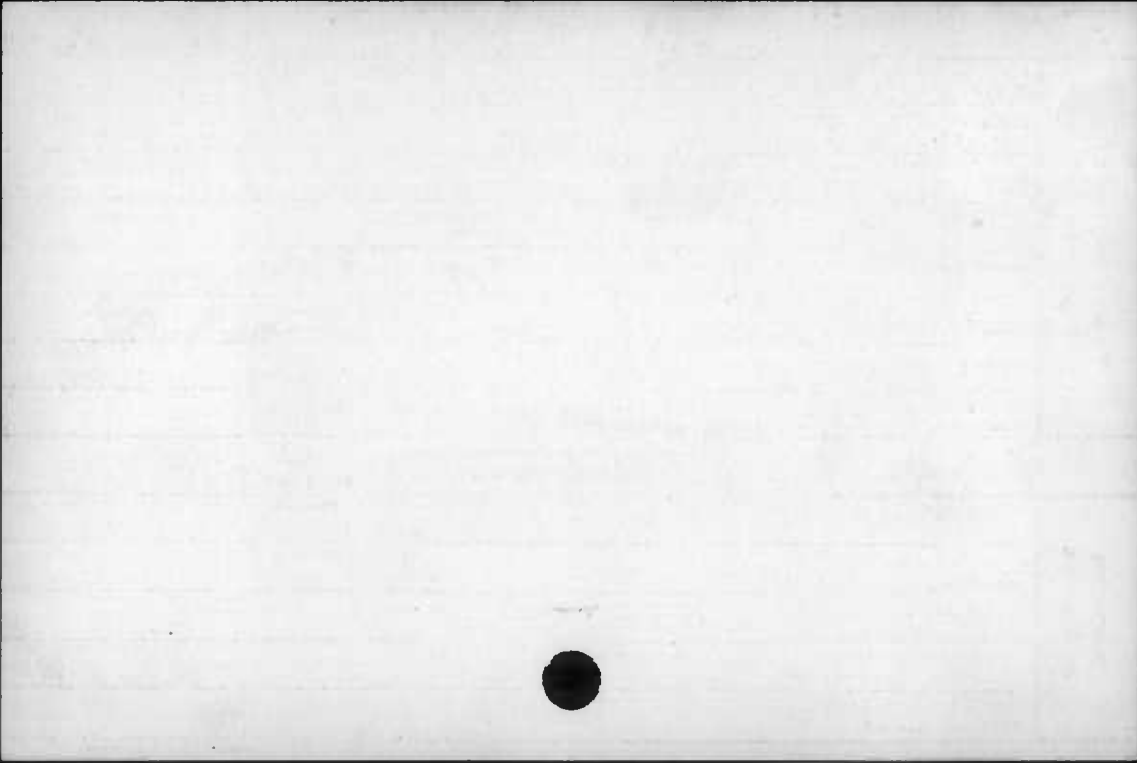
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		Feb	25	65	9		18
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
House wife							
Married, Single or Widowed		Name of Wife or Husband					
Widow							
Father's Name				Father's Birthplace			
James B Browning				VA			
Mother's Maiden Name				Mother's Birthplace			
unable to state				not known			
Name of person giving information				How related to deceased			
H. M. Kemp md				Physician			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate	Heart exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. M. Kemp	
		Address	
		Jacob Stump S.R.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rebecca Warnick

MARYLAND

Died at ^{Town} Kitzmiller ^{County} Garrett.Date of death 1910 ^{Month} Feb. ^{Day} 16th ^{Years} Age 59. ^{Months} 11 ^{Days} 2Sex Female ^{Color or Race} White ^{Birth-place} Garrett, CoOccupation House Wife ^{Where Residing if not at place of death}Married, Single or Widowed Widow ^{Name of Wife or Husband} Columbia WarnickFather's Name David J. Beaver ^{Father's Birthplace} Garrett, CoMother's Maiden Name Beaver ^{Mother's Birthplace} Not KnownName of person giving information Luellen Warnick ^{How related to deceased} Daughter

CAUSES OF DEATH

(40)

Primary Cancer Stomach. ^{How long} 4 yearsImmediate Heart Failure ^{How long} 12 hoursAre the name, age, sex, color, date and place correctly given above? *yes*

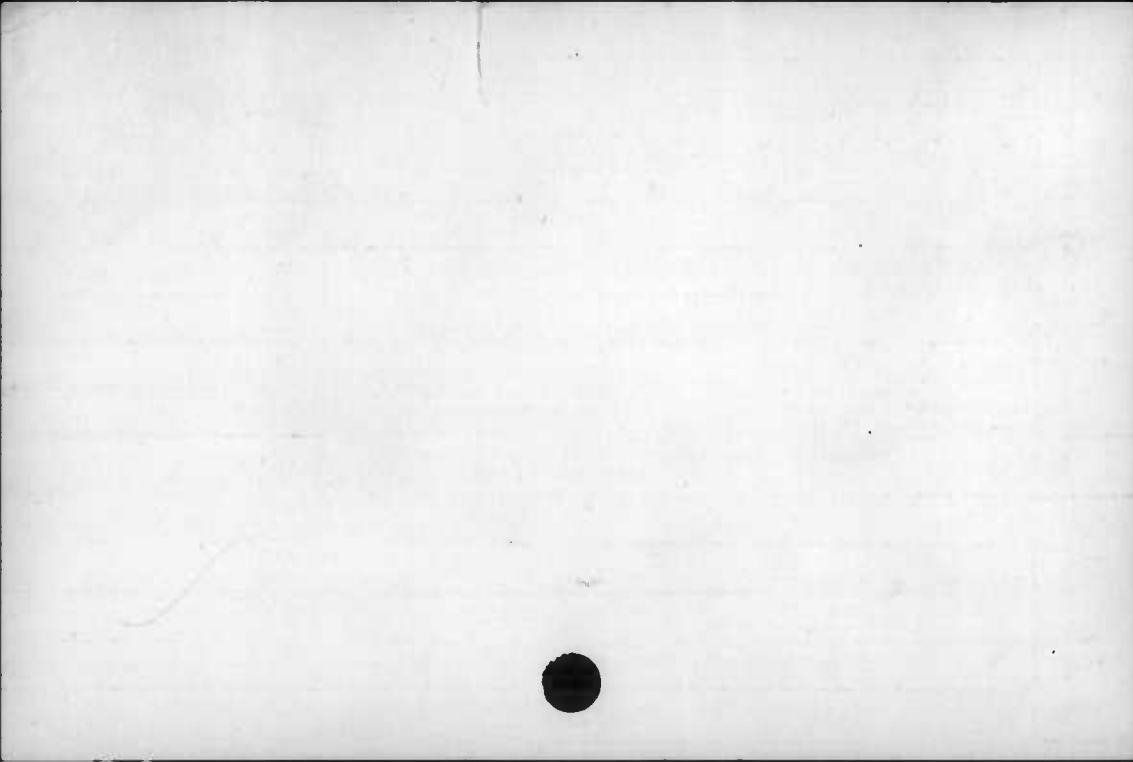
Signature of Physician Hugh Strachan, M.D.

Address Blaine W. Va.

Reported by Mrs. Luc

Daugherty
Accident or Suicide?

Mineral Co.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakland</u> <small>Town</small>		<u>Garrett</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	<u>Feb.</u> <small>Month</small>	<u>9th</u> <small>Day</small>	Age <u>25</u> <small>Years</small>	<u>00</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Oakland, Md.</u>
Occupation	<u>Physician</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Henry Waker</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Catherine Bofa</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

312 ✓

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of Kidneys</u>	How long	<u>18 Mos.</u>
Immediate	<u>Tuberculosis of Kidneys</u>	How long	<u>2 Mos.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<u>Charles A. Tower, Sub Registrar Dist No 7</u>	
Accident or Suicide?			

